

Amendment No. 1 to SB1538

Crowe
Signature of Sponsor

AMEND Senate Bill No. 1538*

House Bill No. 1551

by deleting the existing preamble in its entirety and by substituting instead the following language:

WHEREAS, in an effort to help Tennesseans with Serious and Persistent Mental Illness (SPMI) who have been disenrolled from TennCare, the Tennessee Department of Mental Health and Developmental Disabilities (DMHDD) has been working with twenty (20) community mental health agencies across the state since 2005 to provide essential mental health services; and

WHEREAS, The Behavioral Health Safety Net of Tennessee (BHSNT) provides a more limited set of mental health services than those covered under TennCare, but evidence shows that the services which are provided are the core, vital services that people with serious mental illness must retain to continue leading functional, productive lives; and

WHEREAS, historically, the TennCare "State Only" program was a gateway program originally for low income adults with SPMI presumed to be eligible for TennCare. Further, the "judicial" population included adults with SPMI who required inpatient services because they were involuntarily committed by a judge at a commitment hearing; and

WHEREAS, effective January 1, 2009, the Department of Mental Health and Developmental Disabilities was required to accept responsibility for serving approximately seventeen thousand (17,000) additional individuals with SPMI transitioned from the TennCare State Only and Judicial program to the BHSNT. Like the approximate twelve thousand (12,000) people who were receiving services at that time through the Mental Health Safety Net, these persons are low-income adults with SPMI who have no other health care coverage; and

WHEREAS, TennCare spent about forty-three million dollars (\$43,000,000) on the "State Only and Judicial" population in 2007/08 and the Department of Mental Health and Developmental Disabilities will operate the BHSNT program for approximately twenty million

dollars (\$20,000,000) through the community mental health centers, other community-based provider agencies, and the five (5) Regional Mental Health Institutes, a savings of at least twenty million dollars (\$20,000,000); and

WHEREAS, data reflects that the cost of providing essential services to a person with SPMI through the BHSNT is much less than the cost of care if a patient is hospitalized in a Regional Mental Health Institute, or treated in a hospital emergency room. or incarcerated in a local jail or state correctional facility; now, therefore,

AND FURTHER AMEND by deleting all language following the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 71-5-103, is amended by adding the following new subdivision:

() "Adult behavioral health services for the seriously and persistently mentally ill" means behavioral health services for individuals nineteen (19) years of age and older including but not limited to assessment, evaluation, diagnostic, therapeutic intervention, case management, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination.

SECTION 2. Tennessee Code Annotated, Section 71-5-148(a), is amended by adding the following as an appropriately designated new subdivision:

() Support for community based providers of behavioral health services to seriously and persistently mentally ill adults who are uninsured and whose income is at or below one hundred percent (100%) of the federal poverty level.

SECTION 3. Tennessee Code Annotated, Section 33-6-103, is amended by adding the following as a new subsection:

(c) It is the legislative intent that the department of mental health and developmental disabilities maintain the funding amount and the extent of services of the behavioral health safety net of Tennessee at least at the annualized levels provided as of January 1, 2009. In the event that appropriations to the department are not sufficient to continue funding these critical services at a level at least equivalent to the services

currently being provided then the department shall provide a report to the planning and policy council created by § 33-1-401 and the legislative fiscal review committee created by § 3-7-101. The report shall identify all means the department intends to use to increase resources available.

SECTION 4. This act shall take effect July 1, 2009, the public welfare requiring it.